

PERSONAL PENSION TRANSFER IN FORM



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <https://www.irishlife.ie> or you can ask us for a copy.

Please read the Sections carefully before completing them and use BLOCK CAPITALS.

If any section is blank or illegible, this may result in a delay in processing your request.

This form must be completed to facilitate a transfer of funds from a Republic of Ireland Personal Pension plan to an Irish Life Personal Pension plan.

If the proposed transfer is from any other source please contact Irish Life for requirements.

1. Personal Details

Irish Life Plan No:

Title (Mr/Mrs/Ms etc)

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[illegible]

Surname

Address

Date of Birth (dd/mm/yyyy) / Age Next Birthday

2. Source of Transfer in

[illegible][illegible]

Transfer value amount	€
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Contact details:

[illegible][illegible]

Transfer value amount	€
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Contact details:

Please note this section is in respect of the proposed transfer in only and does not address the transferring life offices individual requirements. We recommend that you contact their offices directly to ensure a smooth transition of funds.

3. Contributor's investment choice

Fund choice for transfer amount:

Your current fund choice:

Yes ☐ No ☐

Or

Other funds (please state)

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

4. Contributor Declaration

I declare that the answers to all the questions in this application form are in every respect true, and correctly reflect the intended investment in this contract. I hereby authorise Irish Life to apply the transferring funds to the receiving plan as specified above, in accordance with the plan conditions and agree that this application form shall form part of my contract with Irish Life. I understand this is my application for a transfer in to my Personal Pension and there are additional requirements needed from the transferring life office. I understand the investment date of the transfer in will be based on the date on which Irish Life receives all necessary requirements.

I confirm I wish to transfer benefits held under my Personal Pension plan(s) noted above, to my confirmed receiving Personal Pension. I understand that the transferring Personal Pension plan(s) will cease with effect from the date of transfer and will be invested in the receiving Personal Pension with effect from the date of receipt of all requirements.



Please sign and date

Signature of Contributor

X

Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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